

HYDATID CYST OF THE BROAD LIGAMENT

(A Case Report)

by

D. C. DUTTA,* M.B.B.S., D.G.O., M.D. (Cal.)

and

D. CHAKRAVARTY,** B.Sc., M.B.B.S., Ph.D. (Cal.)

While infection by *Echinococcus granulosus* is endemic in India, the involvement of isolated pelvic organ is a rarity. The present communication deals with a case of hydatid cyst in the broad ligament which was diagnosed as broad ligament cyst preoperatively.

CASE REPORT

Mrs. R.S., aged 40 years, mother of 4 children having last issue 5 years back, with normal menstrual history was admitted for occasional pain lower abdomen for 9 months in N.R.S. Medical College and Hospital on 14-3-1977 for abdominal hysterectomy with provisional diagnosis of right broad ligament cyst.

On examination the general condition was fair. There was slight pallor, Heart and lungs—no abnormality, Liver and Spleen—not palpable, abdomen—soft.

On pelvic examination uterus of normal size, R.V., pushed to the left. Cervix was hypertrophied. Left fornix was clear and through the right fornix a cystic mass, size of a cricket ball was felt attached to the uterus with restricted mobility. Speculum examination revealed evidence of chronic cervicitis.

Management

Laparotomy was done on 19-3-1977 for enucleation of the broad ligament cyst followed by

*Assistant Professor (Post Partum Unit) Nilratan Sircar Medical College, Calcutta.

**Reader, Department of Pathology and Bacteriology, N.R.S. Medical College Hospital, Calcutta.

Accepted for publication on 16-11-70

hysterectomy was contemplated. While enucleating the cyst, it burst. However, the cyst wall was easily dissected out of its bed containing still little fluid. Total hysterectomy with right salphingo-oophorectomy was done without any difficulty. Peritoneum, liver and other abdominal organs were found healthy. After the operation, the patient suddenly developed anaphylactoid reaction while still on the table and was quickly treated by antihistaminic and cortisone therapy. Postoperative period was uneventful and the patient was discharged on 9th postoperative day. The patient did not turn up for follow up.

Pathology

The cyst was oval in shape with smooth external surface, measuring 10 x 8 cm. The mother cyst wall was thick, egg white in colour and translucent. The fluid inside was clear. There were few daughter cysts with opaque, soft, egg-white wall.

Microscopically

The centrifuged deposit of the fluid content showed a large number of free hooklets. Paraffin sections from the wall of the cyst stained with Haematoxylin and Eosin method showed the wall of the hydatid cyst containing ectocyst, endocyst and scolices (Fig. 1).

Discussion

Man is the intermediate host of *Echinococcus granulosus*. Because of its filtration first through the liver and then through the lung, the hexacanth embryo produce lesions in these two organs commonly. While isolated case reports of involvement in pelvic organs are met with.

its incidence in collective materials has been found too low. An incidence of 2% was mentioned by Chatterjee (1952), 0.2%, while Upadhyaya, *et al* (1974) found it is only 1 case out of 80 and Saibal and Singh *et al* (1974) found none out of 43 hydatid cysts. One of the authors in the present communication, Chakravarty, D. *et al* (1974) however presented a similar case from the same Institution.

The exact mechanism of isolated involvement of pelvic organs without involving the liver or lungs is obscure. It may be due to escape of the hexacanth embryo through the hepatic or pulmonary filters without their involvement. Contamination of the fluid in the peritoneal cavity may lead to anaphylactoid reaction as happened in this case or it may produce localised or generalised

echynococcosis the possibility of which could not be revealed out in this case as the patient went out of trace.

Acknowledgement

The authors are thankful to the Principal-Superintendent, and Head of the Department of Pathology, N.R.S. Medical College & Hospital, Calcutta for permission to utilise the hospital records.

References

1. Chatterjee, K. D.: Parasitology, Protozoology and Helminthology—Chatter Medical Publishers. Calcutta 11th Ed. Pats-121.
2. Chakravarty, D., Sarkar, S. K. and Ghosal, K. K.: J. Ind. Med. Assoc. 63: 193, 1974.
3. Saibal, R. N. and Singh. P.: J. Ind. Med. Assoc. 63: 211, 1974.
4. Upadhyaya, G. H., Rai, P. and Shah, P. K.: J. Ind. Med. Assoc. 63: 213. 1974.

See Fig. on Art Paper IX